Psychiatric Briefs

Do Depressed Subjects Who Have Failed Both Fluoxetine and a Tricyclic Antidepressant Respond to the Combination?

Levitt AJ, Joffe RT, Kamil R, et al.

Background: Recent evidence suggests that the combination of fluoxetine and desipramine may provide a rapid and effective treatment for depression. ***Method:*** The current study evaluated 13 subjects with DSM-III-R nonpsychotic major depression who had previously failed either desipramine or imipramine and who were currently unsuccessfully treated with fluoxetine. Desipramine or imipramine was added to fluoxetine and Hamilton Rating Scale for Depression (HAM-D) scores, Beck Depression Inventory (BDI) scores, and plasma tricyclic levels were monitored for 3 weeks. ***Results:*** Of the 13 subjects, 7 (54%) had a greater than 40% decline in HAM-D scores and 4 of these (31%) had 50% or greater decline in HAM-D. At week 3, responders (767 ± 282 nmol/L) had a significantly higher mean tricyclic level as compared with nonresponders (515 ± 95 nmol/L, $F = 25.1$, $p < .0001$), and change in BDI scores was significantly correlated with tricyclic level ($r = -0.60$, $p < .05$). ***Conclusion:*** These findings suggest that in some subjects the positive clinical effect of combining fluoxetine and a tricyclic antidepressant may be related to the plasma levels of the tricyclic compound.

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Hoarding in Obsessive-Compulsive Disorder: A Report of 20 Cases

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Background: We describe the demographic characteristics, hoarding phenomenology, comorbid disorders, family histories, and treatment response of 20 adult obsessive-compulsive disorder (OCD) patients exhibiting hoarding behavior. ***Method:*** We utilized the Structured Clinical Interview for DSM-III-R, the Yale-Brown Obsessive Compulsive Scale, and a semistructured interview to gather data. ***Results:*** We studied 9 women and 11 men. Their hoarding began from age 5 years to age 46 years (mean ± SD age at onset = 20 ± 11 years); hoarding was evident before the onset of other OCD symptoms in 9 patients. The most commonly hoarded items were newspapers and magazines, junk mail, old clothes, notes or lists, and old receipts. Hoarded material occupied from one room plus most or all closets to more than one room plus all closets, the garage, and yard. Seven patients rented additional storage space for hoarded items. Eighty-four percent of patients reported a family history of hoarding, and 80% grew up in a household where someone else hoarded. The most frequent primary motives for hoarding were fears of discarding something useful and discarding something that would be needed in the future. Lifetime prevalence of major depression and of impulse-control disorders, especially compulsive shopping, were high; only 3 patients met DSM-IV criteria for obsessive-compulsive personality disorder. Response of hoarding to selective serotonin reuptake inhibitors was less robust than is expected for obsessive-compulsive disorder. ***Conclusion:*** Whether hoarding behaviors mark a subset of obsessive-compulsive disorder patients with a different pathophysiology or functional anatomy deserves investigation.

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Efficacy of Fluvoxamine in the Treatment of Major Depression With Comorbid Anxiety Disorders

Sonawalla SB, Spillmann MK, Kolsky AR, et al.

Background: Major depression with comorbid anxiety disorder is associated with poor antidepressant outcome compared with major depression without comorbid anxiety disorder. The purpose of our study was to assess changes in depressive symptoms and anxiety levels in outpatients with major depression with comorbid anxiety disorder following 12 weeks of open treatment with fluvoxamine. ***Method:*** We enrolled 30 outpatients (mean ± SD age = 39.4 ± 11.3 years; 16 women and 14 men) with DSM-IV major depressive disorder accompanied by one or more current comorbid DSM-IV anxiety disorders in our study. Patients were treated openly with fluvoxamine initiated at 50 mg/day, with an upward titration to a maximum of 200 mg/day (mean ± SD dose = 143 ± 45 mg/day). Efficacy assessments included the 17-item Hamilton Rating Scale for Depression (HAM-D-17) and Clinical Global Impressions-Severity of Illness (CGI-S) and Improvement (CGI-I) scales for both depression and anxiety. Intent-to-treat analysis was used to assess outcome. ***Results:*** The mean ± SD number of comorbid anxiety disorders per patient was 2.1 ± 1.1. Following fluvoxamine treatment, the mean ± SD HAM-D-17 score dropped from 20.2 ± 3.3 to 11.0 ± 7.0 ($p < .0001$). The mean ± SD depression CGI-S score dropped from 4.0 ± 0.6 to 2.4 ± 1.1 ($p < .0001$), and the mean ± SD anxiety CGI-S score decreased from 4.1 ± 0.8 to 2.5 ± 1.2 ($p < .0001$). Eighteen (60%) of the 30 patients had CGI-I scores ≤ 2 for both anxiety and depression at endpoint, with 53% showing a ≥ 50% reduction in HAM-D-17 scores at endpoint. ***Conclusion:*** Although preliminary, our findings suggest that fluvoxamine is effective in treating outpatients with major depression with comorbid anxiety disorder, having a significant effect on both depression and anxiety symptoms. Further double-blind, placebo-controlled trials are needed, in a larger sample, to confirm our findings.

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Efficacy, Safety, and Gradual Discontinuation of Clonazepam in Panic Disorder: A Placebo-Controlled, Multicenter Study Using Optimized Dosages

Moroz G and Rosenbaum JF

Background: The purpose of this multicenter, double-blind, placebo-controlled study was to evaluate the efficacy and safety of optimized dosages of clonazepam for the treatment of panic disorder and assess the tolerability of a schedule for gradual discontinuation. ***Method:*** Adult patients with panic disorder with or without agoraphobia (DSM-III-R criteria) were randomly assigned to receive either placebo or clonazepam in individually adjusted doses over 3 weeks to approximate an optimal dosage, which was then maintained for an additional 3 weeks, amounting to a 6-week therapeutic phase. The daily dose range was 0.25 to 4.0 mg administered in 2 divided doses. In the following 7-week discontinuance phase, the doses were tapered gradually to cessation. ***Results:*** At the therapeutic endpoint, clonazepam (N = 222) proved clinically and statistically superior to placebo (N = 216) in change in the number of panic attacks and in Clinical Global Impressions-Severity of Illness (CGI-S) and CGI-Change scores, Patient's Global Impression of Change scores, amount of fear and avoidance associated with phobic symptoms, and duration of anticipatory anxiety. The gradual tapering of clonazepam was not associated with symptoms suggestive of withdrawal syndrome. Although patients taking clonazepam experienced some clinical worsening compared with the status achieved at endpoint, particularly in terms of number of panic attacks, no deterioration was observed using their condition at baseline as point of reference. No overall evidence of rebound was found. All regimens were generally well tolerated. Somnolence was the main adverse event associated with clonazepam therapy. The percentage of patients who reported adverse events was higher in the clonazepam group than in the placebo group, as was the mean number of adverse events per patient. ***Conclusion:*** In this placebo-controlled trial, clonazepam was an efficacious and safe short-term treatment of the symptoms of panic disorder. Discontinuance during and after slow tapering was well tolerated.

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Anger Attacks: Correlates and Significance of an Underrecognized Symptom

Mammen OK, Shear MK, Pilkonis PA, et al.

Background: Anger attacks over provocations described as trivial by the individual are an underrecognized symptom associated with aggressive acts. They are usually followed by guilt and regret. Anger attacks among mothers are an important problem because they are often directed at the woman's spouse and/or children. This study examines the prevalence and correlates of anger attacks in a psychiatric clinic for women who are either pregnant or up to 18 months postpartum. ***Method:*** Fifty consecutive consenting patients were assessed at initial presentation with the Structured Clinical Interview for DSM-IV Axis I Disorders, a modified Anger Attacks Questionnaire, self-reports of psychiatric symptoms and psychosocial variables, and clinician ratings. ***Results*:** Thirty (60%) of 50 patients reported anger attacks. Of those with anger attacks, 76.7% worried about them, and 73.3% had tried to prevent them. Compared with women without anger attacks, those with anger attacks were significantly more likely to report higher state and trait anger ($p < .001$), have a diagnosis of unipolar depression ($p < .01$), report more aggression directed at immediate family, and avoid their children. Both groups displayed little angry affect in the interview, thus appearing similar at assessment. ***Conclusion:*** Anger attacks in response to children and spouse were common in this group of women and were associated with subjective distress. Because those with and without anger attacks appear similar at interview, inquiring about the presence of anger attacks is important to ensure that they become a focus of treatment.

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The Effectiveness of Antidepressants in Elderly Depressed Outpatients: A Prospective Case Series Study

Mittmann N, Herrmann N, Shulman KI, et al.

Background: This study examined the effectiveness of antidepressants in a group of elderly depressed outpatients by assessing depression prevalence and recording adverse events over time. ***Method:*** A prospective practice-based observational study (1991–1994) included consecutive outpatients at least 65 years of age with a DSM-III-R diagnosis of major affective disorder and who were prescribed antidepressant medications. Depressive symptoms were examined over time (stage 1 = 0 to 2 months; stage 2 = 2 to 6 months; stage 3 = 6 months to 2 years) with the Montgomery-Asberg Depression Rating Scale (MADRS). The cutoff scores of MADRS < 18 and MADRS ≥ 18 were used in survival statistics. Adverse events were recorded systematically. ***Results:*** A total of 213 patients were seen over 2677 visits (mean ± SD age = 75.5 ± 6.1 years). MADRS scores for 85.8% of patients declined to below 18 within the first 2 months of antidepressant treatment. MADRS scores were above 18 for 37.3% of patients after 6 months and for 37.1% after 2 years. The mean time to decline in MADRS scores to below 18 in stage 1 was 36.1 days, and there was a significant difference between the antidepressant classes (log rank = 8.3, df = 3, $p = .04$), with tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs)/reversible inhibitors of monoamine oxidase A (RIMAs) having shorter times to response. The mean time to reach scores above cutoff during stage 2 was 144.3 days (log rank = 5.7, df = 3, $p = .13$) and during stage 3, 538.6 days (log rank = 9.8, df = 3, $p = .02$). Patients receiving TCAs and MAOIs/RIMAs had longer durations of MADRS scores below cutoff during stage 3 than those taking atypical antidepressants and selective serotonin reuptake inhibitors. All antidepressant classes reported similar adverse event profiles. ***Conclusion:*** This study systematically examined antidepressant effectiveness in a prospective design. TCAs and MAOIs/RIMAs were shown to be superior in effectiveness during 2 of the 3 treatment stages.

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